	691	4	NO.	TIFIC	CATIC Pursua	ON OF A ant to N	New Jersey SBESTOS ABA IAC 8:60 and 5:	16) 🐪 🦴 😓	to the same		7		
Date of Notification (1)		25.0			Nan	ne of Build	ing Owner/Operator	(2)4015	4 1				_
/	6 /	15			G	oya Foo	ing Owner/Operator ds, Inc. / Job #14	12-4857 Check	#6914			1 of	2
K-3	Type Notifi	ication				et Address		ASSES	17//: //	500	eprod C.Fa		owne Lucia
⊠ EPA ⊠ DOLWD					35	0 Count	y Road	27/28	Carry Gol	4	Com		3
☑ DHSS	Amenda				City	State, Zip	Code	- LEH	Standing		To so	6	.]
	☐ Emerge		ludir	- na	Je	ersey Cit	y, NJ 07307		1110	3	8	F.	,7
(NJAC 5:23-8)	justifica	tion)		.9	Nam	ne of Conta	act		Telephone N	umher	CO	ę.	
	☐ Cancell	ation			M	atthew M	lontour		4	u.moci	-	概集	
					F	ACILITY	NFORMATION		62	e med	60	- 6	:
Name of Facility Where Ab		Taking	Plac	e (3)				Type of Facility	(4)	Š.		Ø	
Goya Maintenance G	Barage							School (K-12			-45-		
Street Address								─ Subchapter 8	Other than K-	-12)			
390 New County Roa	ıd							Other (i.e., pr homes, etc.)	rivate and comr	nercial	build	ings,	
City (5)								Square Feet	# of Floors		Blda	Age	
Jersey City											Jiug.	Aye	
County (6)					Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if heing dem	olished	X .		
Hudson							5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		o Joing don't	onoriou			
Name of Monitoring Firm H	ired by Bui	lding Ov	vner	(8)	ASCN	l No.	Name of Abatem	nent Contractor (9)					
EA Services							AbateTech,						
Street Address							Street Address	100 100 100		-			
426 69 th Street							30 Maple Av	e. PO Box 25					
City, State, Zip Code	200						City, State, Zip C	ode					
Guttenberg, NJ 07093							Lumberton,	NJ 08048					
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No.				_
Geiser Fajardo						1-8135	609-265-2107	7	00529				
Start Date (10)1 /19 /	15;	Schedul 1			etion Da		Name of OSHA N EMSL Analys						
Occupancy Status During A	batement (Check o	nly o	one)			Street Address					-	
☐ Facility Closed/Vacated	During Enti	re Perio	d of	Abate	ment		200 Route 13	80 North					
Abatement Performed O Time of Abatement:	utside of N AM	ormal Fa PM/_	acilit	y Hou PM	rs - De:	scribe _AM	City, State, Zip C	ode		-			_
Scope of Work (Check all th	at apply)						Cililaminson	1, NJ 08077					
⊒ ≥3 sf or ≥3 lf ⊠ ≥160 sf or ≥260 lf				novat molitic			☐ Mini-End	tainment with Nega closure g Procedure mpted (*) and Non		lure			
				Locat							hater	nent 1	Type
Location of Asbestos-Containing Mar	torial (AON			lorma d Sole			Description of						T
TO BE ABATE		·	Ma	intena	nce/	Asbe	stos Containing Ma	terial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)			Cust	odial (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova	=	psu	usc
(13)		Y	'es	No	N/A	-	other miscellane	ous)				late	e
intrance to Restroom, I	Lunch Ro				-	=				_			\perp
hroughout						To the same of the	le & Mastic		190 SF				
exterior			_				ock joint compou	und	6,000 SF				
		_ _				Roof fla	shing/mastic		500 SF	\boxtimes			
st Fl. Northern Offices						Floor T	ile		900 SF				
ame of Registered Waste F AbateTech, Inc.	lauler			7 (5)	JDEP \		Cubic Yards of Waste	Name of Registe					
The state of the s				1.1	18750		vvaste 20	G.R.O.W.S.	Landfill				
ity, State							Disposal Date	City, State					
Lumberton, NJ							1/30/15	Tullytown, P	A				
ompleted By (Print or Type))	Title					Signature	2	TD	ate			-
Gwendolyn Trumbetti		Ope	ratio	ons C	oordi	nator	CAM	1		9	[0]	15	
B-41							N 5 H H 20	TO THE PARTY OF TH		- 10	- ar		

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Date of Notification (1)	, .	15		Nan	ne of Build	ling Owner/Operator	(2) 15 JAN 12-4857 CHO	10#ce14		1 10		•
Agencies Notified Typ	e Notificatio	n			et Address		A Since	0#05/4//:	you s	N 9	1 of	2
⊠ EPA ⊠	nitial				50 Count		1949 TOX			LVA	mar.	no.
	Amended			_	, State, Zip		- de LICE	E GVT (PO)		(interest	ſ.	
	Amendment	_	_			y, NJ 07307	. 41	OING "U	4	2		7
	Emergency (ustification)		ing		ne of Conta				4.7	Ò.	£.	1
1	Cancellation			0.0000000000000000000000000000000000000	atthew M			Telephone N	umber ,	errona P	5%	*
											7.	1
Name of Facility Where Abate	ment is Taki	na Dia	00 (2)	F	ACILITY	INFORMATION		G)	mand	6.5	6,	
Goya Maintenance Gara		ily Fla	CE (3)				Type of Facility			- 11.0		
Street Address	.gc						School (K-1	12) · 8 (Other than K	40)			
390 New County Road							Other (i.e., homes, etc	private and com	-12) mercial l	buildir	igs,	
City (5)							Square Feet		1.5	21-1-	Λ	
Jersey City							Oquale reet	# of Floors	E	Bldg.	Age	
County (6)				Cou	unty Code	(7)(STATE USE ONLY)	Current Hea (F	rior if balanda	-6-1 6			
Hudson					,	(MONNE OOL ONLY)	Current Ose (P	rior if being dem	olished)			
Name of Monitoring Firm Hired	by Building	Owne	r (8)	ASCN	/ No.	Name of Abatem	ent Contractor (C	1)				
EA Services						AbateTech, I		"				
Street Address						Street Address						
426 69 th Street				1.51			e. PO Box 25					
City, State, Zip Code						City, State, Zip C						
Guttenberg, NJ 07093						Lumberton,						
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.				_
Geiser Fajardo			2	01-72	4-8135	609-265-2107	7	00529				
Start Date (10)1 /19 /15	Sche	duled			ate (11)	Name of OSHA N	/lonitor	00329				
				0_/		EMSL Analyt	ical					
Occupancy Status During Abate	ement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated Dur ☐ Abatement Performed Outsi	rig Entire Pe de of Norma	Facil	t Abate	ment	oorib o	200 Route 13						
Time of Abatement:	AMP	M/_	PM		AM	City, State, Zip Co						
Scope of Work (Check all that a	nnlu					Cinnaminson	i, NJ 08077					
☐ ≥3 sf or >3 lf	ppiy)	⊠R	enovat	ion		⊠ Full Cont	tainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf		_ D	emoliti	on		☐ Glovebad		n-Friable Proced	dure			
1.22.00		1 2	s Loca			-				atem	ent T	vpe
Location of Asbestos-Containing Materia	I (ACM)	1 3333	Norma ed Sole		A - 1	Description o	f				1	-
TO BE ABATED	ii (/ tolvi)	Ma	aintena	nce/	ASDE (i.e	estos Containing Ma e., thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	stodial (12)			surfacing, VAT,	or	SF or LF)	oval	=	psu	Sur
(10)		Yes	No	N/A	1	other miscellane	ous)				late	0
Intrance to Restroom, Lur	ch Room		×		Floor ti	le & Mastic		190 SF				
hroughout						ock joint compou	ınd	6,000 SF				
Exterior						ashing/mastic		500 SF				
st Fl. Northern Offices					Floor T			900 SF		H		
lame of Registered Waste Haul	er			JDEP V		Cubic Yards of	Name of Regis		IZ.V			
AbateTech, Inc.			Н	auler IE		Waste	G.R.O.W.S					
city, State				18750		20 Disposal Date	City, State					
Lumberton, NJ						1/30/15	Tullytown,	DΛ				
ompleted By (Print or Type)	Title		8-17			Service Court of the Court of t	runytown,					
Gwendolyn Trumbetti			ions (Coordi	nator	Signature	1		Date	9	5	
B-41 AY 11	*	Do not	use th	is form	for ashest	os licensure exempt				1 1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

RECEIVE

Date of Notification (1)	7 /	1	5		Name WP0	of Building	Owner/Operator (2	LLC an Indiana	LLC/#_1501-19	47 Ch	nk. #	380	10
Agencies Notified	Type Notific							a taken	ESTA-	11:1	Î		
⊠ DOLWD	☐ Amende	ed					ashington Street	رور نور	1113100	1 12 63			
☑ DHSS	Amendn		#			tate, Zip C			一、0年月日1月	1 1101 3			
☐ DCA	☐ Emerge		ncluding				, IN 46204		Talanhana Numi	200			
(NJAC 5:23-8)	justificat					of Contact			Telephone Num	ber			
	☐ Cancella	ation	LATE ARTES		Jim	Stocks,	PIVI		L		_		
					FAC	ILITY IN	FORMATION	Value and the same					
Name of Facility Where	Abatement is	Takir	ng Place	(3)				Type of Facility (4)				
Proposed DSW								School (K-12)					
Street Address									(Other than K-12 ivate and comme		ildina	s	
343 Mt. Hope Aven	ue							homes, etc.)	ivate and comme	iciai bu	nunig	٥,	
City (5)								Square Feet	# of Floors	Blo	ig. Ag	je	
Rockaway								17,383	1		1979		
County (6)				-	Coun	ty Code (7)(STATE USE ONLY)		or if being demolis	shed)			
Morris					00011	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vacant					
Name of Monitoring Firm	Hirod by Ru	ilding	Owner /	2)	ASCM	No	Name of Abateme	C 8000000 1.2.0		oup mis			
TRC	Thired by bu	nung	Owner (0)	ASCIVI	INO.	G- 110 G-1	d Mold Service	c Corn				
								a Mola Service	s, corp.				
Street Address	h = 1						Street Address						
1430 Broadway 10 ^t	Floor						3859 Sylon B						
City, State, Zip Code							City, State, Zip Co						
NY, NY 10018							Hainesport, I	NJ 08036				- 155,000	
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No.				
Dmitry Khimich				2	2-221	-7822	609-702-0400)	00862				
Start Date (10)		Sche	eduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
1 /21 /	_15_	-	1/	23	_ / _	15	EMSL Analyt	ical, Inc.					
Occupancy Status Durin	g Abatement	(Che	ck only	one)			Street Address						
☐ Facility Closed/Vacate					ment		200 U.S. Rou	te 130 North					
Abatement Performed						cribe	City, State, Zip C	ode			01-		
Time of Abatement: _	AM	F	PM/	_PM-		AM	Cinnaminsor				+		
Scope of Work (Check a	Il that apply)						Ommaninion	1, 140 0001 1					
	ii triat appriy)		⊠ Re			" (☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No			ા નિ	2	
			Is	Loca	ion			9		Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB, IN Facil (13)	Material (AC ATED	(M)	Use Ma	Norma ed Sole intena todial (12)	ely by		Description of estos Containing Ma a., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
()			Yes	No	N/A			/				Ф	
(2) Restrooms						Floor T	ile and Mastic		260 SF				
				П		-				$\forall \Box$		П	
										붐			
Atmos of Donistoned We	ata Haviles					Masta	Cubic Varda of	Name of Regis	tored Landfill		ш		
Name of Registered Was Freehold Cartage,				35,	IJDEP I lauler II 0226	D No.	Cubic Yards of Waste 5	GROWS La					
City, State					02200	,	Disposal Date	City, State					
Freehold, NJ							1/23/15	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	, PA 19067				
Completed By (Print or T	(vne)	Т:	tle	- 17	-	osassanere.	Signature	1		ate			_
Kimberly A. Trumb		100000	Office	Coor	dinato	r	Signature)			- 1	5	

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1)	7 /	_ 1	5		Name WP0	of Building Rockav	Owner/Operator (2	LLC an Indiana	LL-09# 1591	1947 C	hk.#	380	11
Agencies Notified ☑ EPA	Type Notifi ☑ Initial	cation	n		Street	Address	shington Street	ASSES	TOS CONT ICENSING	Da.			
□ DOLWD	☐ Amend					tate, Zip Ci		O. F	ICENSING	MUL			
□ DHSS	Amend				1,500	- 1	IN 46204		1.69				
DCA (NJAC 5:23-8)	☐ Emerge justifica		including			of Contact			Telephone Nur	mber			
(NJAC 3.23-0)	☐ Cancell					Stocks, I							
							FORMATION				-		-
Name of English Where A	hotomont is	Toki	na Dinas	(2)	FAC	ALIIT IN	PORIVIATION	Type of Facility ((4)		-		
Name of Facility Where A		Iaki	ng Place	(3)				School (K-12					
Proposed Nordstro	III Nack							☐ Subchapter 8	(Other than K-1	12)			
Street Address 343 Mt. Hope Avenu	ie							Other (i.e., pr homes, etc.)	ivate and comm	ercial b	uilding	js,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Rockaway								38,785	2		1979)	
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Morris								Vacant					
Name of Monitoring Firm	Hired by Bu	ilding	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TRC	3.30070E-32.	•						d Mold Service	s. Corp.				
Street Address							Street Address						
1430 Broadway 10 th	Floor						3859 Sylon B	oulevard					
City, State, Zip Code	11001			31000			City, State, Zip Co						
NY, NY 10018							Hainesport,						
Project Manager for Mon	itorina Firm			Tele	phone	No	Telephone No.	10 00000	License No.				
Dmitry Khimich	itoring i iiii				12-221		609-702-0400	Ø.	00862				
Start Date (10)		Sch	eduled C	5 FEB			Name of OSHA N		00002				
1 /21 /	15		1 /				EMSL Analyt						
Occupancy Status During	Abatemen	t (Che	eck only	one)			Street Address						
□ Facility Closed/Vacate	ed During E	ntire F	Period of	Abate	ment		200 U.S. Rou	te 130 North					1
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AIVI		PIVI/	PIVI-		AIVI	Cinnaminsor	n, NJ 08077					
Scope of Work (Check al	I that apply)							to detail his					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf				enovat emolitio		" OX	✓ \\	tainment with Neg closure g Procedure empted (*) and No			siera	-	
			- 23	Loca						A	oaten	nent T	ype
Location Asbestos-Containing TO BE ABA IN Facil (13)	Material (A0	CM)	Use Ma	Norma ed Sole aintena todial (12)	ely by ance/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscelland	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A	1 0					1		
1 st and 2 nd floor					\boxtimes	Floor T	ile and Mastic		4,130 SF				
									508				
Name of Registered Was	ste Hauler	100		1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage,	nc.			ŀ	dauler II		Waste 8	GROWS L	andfill				
City, State							Disposal Date	City, State					
Freehold, NJ							1/29/15	Morrisville	e, PA 19067				
Completed By (Print or T	ype)	T	itle				Signature	7		Date			
Kimberly A. Trumb	7.5 Hall		Office	Coor	dinato	r	HAN			1-5	-	5	

ASB-41 MAY 11

^{*} Do not use this form for asbestos licensure exempted activities.

1300	SCHOOL STATE		CHUCKE	1700	ш.
1275	200	KREKK	Sec. 1	Hercistre's	100
1800		Libretin	- CHICAGO		eat.
IDH				Contract of the	100

		FICATION I	te of New Jorso DF ASBESTOS o NJAC 8:50 an	ABATER		CK:	# 10		6	N.	- 3
Date of Notification (1)		Name of	Building Owner/	Operator	(2)		2015	SN -	-9	PM	d.
Jan 5 2015		Pap Re	ealty Corp	1	0	approve	g -		2	Lall	9
gendes Notified Type Notification		Street Ad 275 His	dress ghway 22, #4	14	N.Dept.p	Health & Se	MUAL	JII.	is 1	Q()	H
EPA initial Amended Amended Amendent#		Committee of the little of the	s, Zip Code field, NJ 070	B1	Date: 15	(Signature)	me:]]:[4]	14	CK	SIA	G
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	Name of	Contact			Tek					
1 000		FACIL	ITY INFORMAT	TION					-		
lame of Facility Where Abatement is Taking Commercial Bidg for Demo Street Address	Place (3)				Subch	ol (K-12) hapter 8 (Othe	r (han K-12)				
26 Rt 22 East					Other etc.)	(i.e. private ô	commercial	buildu	ngz, h	omes	
aty (5) Springfield			•		Squara Fe 36.000	et ##	Floors	問	lg. Ag	ę	
Springheid County (6)		County	Code (T)			e (Prior if bel	ng demoliahe	d)			\neg
Union			ISE ONLY)				20				
Varie of Monitoring Firm Hired by Building C	wner (B)	ASCM	No.	Name	of Abaieme	nt Contractor	(9)			-	
J & S Environmental		29	952	Loz	nica Mana	agement Co	orp				
Treet Address		163			t Address						
2333 Rt 22 East			8.	,	Troy Lane						
lity, State, Zip Code Union, NJ 07083				Line		NJ 07035		77			
roject Manager for Monitoring Firm		Telepho		1000000	phone No.		Licenso No 01193	ž.			
Badar Usmanl ·		1	148479		37097950	t. other	01193				_
Jan 7, 2015	Feb 13,		Date (11)	Loz		agement C	orp-				
Occupancy Status During Abatement (Chec	k Only One)		9 0	5/2/03/30	et Address Troy Lane						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of Ab nai Fecility H	bbement lours	8	City,	State, Zip C	ode ,					
				Lin	icoin Park,	NJ 07035					
Scope of Work (Check AR That Apply) 2 23 sfor 23 ff 조 2160 sf or 2280 ff		novation molition			Mini-Er Glovab	intsinment wit nolosure izg Procedure kempted (*) al				, a	
	le !	ocation	T						Abate	THORE	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	omally Solely by tenance/ dist Staff? (12)	Aubestos C (l.e. then		Material (Ad ma insulation VAT, of	n,	Amount (Specify iF or LF)	Removal	Repair	g Encapsulate	Enclosure
	Yes	No N/A								fa di	
Basement, 1st, & 2nd Floor		. x	\	AT + N	fastic .	10	,000 SF	x			_
Roof		×	Ro	ofing M	faterial	12	,000 SF	x	_		_
								-	_	-	-
								_			
Name of Registered Weste Hauler Rovic Transport		NJDEP Hauler I 20785	D No. of	ible Yard Waste BD		tame of Regis					
City, State Riverdals, NJ		120100	Di	sposal D BD		City, State Morrisville,	PA 19067				
Completed by E. Cirovia	Title	etarv		Sign		100	D	an 5	, 201	5	

CK 2195

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120) RECEIVES

Agendes Notified Page Type Notification Street Address Telephone Number Concellation Street Address Sure Addres	Date of Notification (1)	045					wner / Operator	(2)	IN O F	M O. F	^		
PA							pany- roy Hills	201	JUAN -9 F	U 0: 5	3		-
DEP		Ottineation	12.7				I	4.5	tarrio toma o lo	C. 1. T. 12 . 5			
DOL		Initial						AU	ラレン・ピッ し	UnithO	L		
DOH		Amended							& LHER				
FACILITY INFORMATION Name of Facility (Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) School (K-12) School (K-12) Subchapter 3 (Other than K-12) Subchapter 4	□ DOH □		100							Telephor	ne Nu	ımbe	r
Name of Facility (A)rers Abatement is Taking Place (3)	□ DCA □	Cancellation	V	/Ir. Joe	e Jann	orone							
Craftsman Farms-Garage Street Address 2352 New Jersey 10 City (5) Norris Plains, NJ Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Naterment Contractor (9) Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08819 Project Manager for Monitoring Firm Telephone Number 856-547-0505 Spheduled Start Date (10) 1/20/2015 Scheduled Completion Date (11) 1/20/2015 Scheduled Completion Date (11) 1/20/2015 Scheduled Start Date (10) 1/20/2015 Scheduled Completion Date (11) 1/20/2015 Scheduled Start Date (10) 1/20/2015 Scheduled Completion Date (11) 1/20/2015 Scheduled Start Date (10) 1/				FA	CILITY	INFO	RMATION						
Subchapter 8 (Other than K-12) Cher (fi.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 6.000 2 106 yrs 107 yrs 106 yrs 107 yrs	Name of Facility Where Ab	atement is Tak	ing Place (3)									
Some part of the property of the property of the part of the pa	Craftsman Farms-Garage								CONTRACTOR AND				
Square Feet										as bom		٠٠)	
City (5)	2352 New Jersey 10											(6.)	
Morris Plains, NJ Morris Courrent Use (Prior if being demolished) Garage Garage Carage	City (5)	County	(6) Co.	inty C	ode (7	')		77 01 1100	- Table 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988			S	
Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) Resource Management Group, LLC Street Address Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Frenton, NJ 08819 Project Manager for Monitoring Firm Telephone Number 856-547-0505 Scheduled Start Date (10) 1/20/2015 Scheduled Start Date (10) 2/3/2015 Scheduled Start Date (10)			(0)	arrey O	000 (.	1		Prior if being de	emolished)				
Resource Management Group, LLC				x	The address of the State of the								
Street Address Street Address 2116 Hamilton Ave, Suite 202	Name of Monitoring Firm H	ired by Buildin	g Owner (8)		ASCI	VI No.							
2115 Hamilton Ave, Suite 202									ip, LLC				
City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Trenton, NJ 08	Street Address								2				
Project Manager for Monitoring Firm	City State 9 Zin Code												
Telephone Number Sob-47-0505 Scheduled Start Date (10) Scheduled Completion Date (11) 1/20/2015 Scheduled Start Date (10) 1/20/2015 Scheduled Completion Date (11) 2/3/2015 Name of OSHA Monitor J&S Environmental Laboratories, Inc.	Oity, State & Zip Code												
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1/20/2015 Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm ☐ Facility Occupied During Abatement Scope of Work (Check all that apply) ☐ Saf or ≥ 3 If ☐ ≥160 sf ≥260 If ☐ Demolition ☐ Location of Asbestos-Containing Material (ACM) ☐ Material (ACM) ☐ TO BE ABATED ☐ In Facility ☐ (13) ☐ Garage ☐ ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Asbestos-Containing (Specify Material (ACM)) ☐ (12) ☐ Yes No N/A ☐ Pipe Insulation ☐ 100 LF ☐ Date ☐ Dat				AND DESCRIPTION OF REAL PROPERTY.	-			THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		0118	5		
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Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm Facility Occupied During Abatement Scope of Work (Check all that apply) ≥ 3 sf or ≥3 lf					tamar	ıt							
Describe: 9:00am to 5:00pm				J1 / 100	itornor								
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□ ≥160 sf ≥260 lf □ Demolition □ Signature □ Demolition □ Description of □ Scoolable Procedure □ Normally Used Solely by □ Material (ACM) □ SF or LF) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□ >2 of or >2 If			Don	ovotio					ivegative	ries	Suic	
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Name of Registered Waste Hauler Resource Management Group, LLC City, State Trenton, NJ Completed By (Print or Type) Title City Ci	Garage			\boxtimes			Pipe Insulat	ion	100 LF				
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Completed by (1 lift of 1 ypo)							TBD	Morrisville, PA	4				
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Data of Notificiation (1) January 5, 2016 TES CON	TRAI	Name Medi	of Building Owners and Leas Retire	Operator (2	i)	JAN J	re 201	5470		
Agencies Nothing	1011		Address			VA MAN	1	-1/0	1	
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DEP Antende	namt #	City, S Medi	isla, Zip Code ord, NJ 06055			IVER AP		17	n.	
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Name of Carollar Miles of Laboratory		FAC	ILITY INFORMAT	JON					-	
Name of Facility Where Abatement is (Mediord Less Retirement Const	nunity			Y	Bchool (Ke	*				
Street Address 1 Medford Less Way)::		aubchapter auto	rë (Other than K srivale ë comme	-12) rcial bu	Ildina	, hon	den.
City (5) Mediard		- 41		18	quare Feet 0.000	# of Floors	T	9Mg.		
Ćeuniy (8) Burlington			Code (7)	C		or il being dema	1111	100		
Name of Monitoring Firm Hired by Build Management & Enviro. Consult	ing Owner (8) ing Sorvices	TASC	M No.	Name of	Abstement Cor Environmen	alrector (D)			-	
Street Address PO Box 341			- W	Strasi Ad					ie (\neg
Cty, Sam, Zir Code Chesterfield, NJ 08515				City, Stat	e, Zip Cede Shade, NJ 0	BO52				~~
Project Meninger for Mondoring FFm Bill Weisgerber		Tolepho 609-2	96-6070	Telephon 856-75		DDB42	No.			
Start Data (10) January 6, 2015	Scheduled C		Osm (11)		OSHA Monlier Analytical, In	ic.		energing h _a		
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				Cinnan	inson, NJ 0	807.7				
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ky, Sista Rohold, NJ				al Date	City, Stelle Birdsbor					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#22302804824]		(Pui	suan	t to NJA	8:60	and 5:18	5)		279 Jakes				
Date of Notification (1)				T	Name	of Building	Owner/	Operator (2)	1	RECE	VE	7	est me	= ==
01 / 0	5 /	15			Tive (Saunders				e e					
Agencies Notified T	pe Notifica	ition		-		Address					15 ann -9	PM 8:	36	-	
	Initial [4	415 Ri	chmond A	Avenue			A. 2	Sin Per La		e 9		
	Amended Amendme			Ť		tate, Zip C						MITA	91		
☑ DHSS ☐ DCA ☐	Emergend		ina	1	South	Orange, N	J 0707	19				E LIAM	w.L.		
(NJAC 5:23-8)	justification	on)			Name	of Contact					Telephone Nu	ımber			
] Cancellat	ION		(Clive S	Saunders									
					FAC	CILITY IN	FORMA	ATION	-						
Name of Facility Where Aba	tement is T	aking Pla	ice (3)					200	of Facility					
Private house Street Address				2007.7111.					H	School (K-12 Subchapter	2) 8 (Other than K-1	1 2)			
									X	Other (i.e., p	private and comm		ilding	ŝ,	
415 Richmond Avenue City (5)									_	nomes, etc.) are Feet	# of Floors	I Rie	dg. A	ne	
South Orange, NJ 07079									Oqu	are reet	# 01 / 10013	0.0	.g	9-	
County (6)		-			Count	y Code (7) (STATE L	ISE ONLY)	Cur	rent Use (Pr	flor if being dem	olished)			
Essex						, (, ,			1 2.0	E 105 E 100 E					
Name of Monitoring Firm Hi	red by Build	ding Own	er (8)		ASCM	No.	Name	of Abatem	ent C	ontractor (9)				
								h LLC							
Street Address								Address							-
						-	576 Va	alley Rd #	£283						
City, State, Zip Code							City, S	tate, Zip C	ode				-		
				(/ T. A.				, NJ 074	70			11 14 14 1-1-1-1			
Project Manager for Monitor	ing Firm			Tele	phone	No.	Teleph	one No.			License No.				
								8-1777			01127				1,572.25
Start Date (10) 01 /14 /		Schedule 01					Name	of OSHA i	Monito);					
		01			_ ' -	13		vision Co	onsul	tants,Inc					
Occupancy Status During A								Address							
						cribe	20-21	Wagaraw	Roa	d, Bldg .#	35 E				
Time of Abatement:	AM-	PM/_	July :	PM_		AM	2000	tate, Zip C		(±)					
Scope of Work (Check all th	at apply)					20	Fair La	wn, NJ (nation with nega	tive nress	IIIFA		
	or apply;							Full Cor	tainm	ent with Ne	gative Pressure		die		
>3 sf or >3 lf > 160 sf or >260 lf		\times	Rend				\boxtimes	Mini-End	closur	e cedure F	Tent with Nega	tive Press	ure		
		ل	20	01100				Non-Exe	empte	d (*) and N	on-Friable Proce	dure	1		
				ocat								Ab	atem	ent T	уре
Location of Asbestos-Containing Ma		41		rma Sole	ily Ely by	Arba		escription Itaining Ma		/ACM	Amount	R	R	m	g
TO BE ABATE			Main				., therm	al systems	insul		(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)				лаг (12)	Staff?			acing, VAT miscellane			SIF or LF)	val	7	Encapsulate	0
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] [1)					
Name of Registered Waste	Hauler			NJI	EP Wast	Hauler ID No.	Cubic Y	ards of Was	te N	ame of Reg	stered Landfill				
Gr Tech LLC				(03378	35	TE	BD	T.1	R.R.F. Inc					
City, State							Dispos	al Date	C	ty, State					10.5
Wayne, NJ 07470							TE	BD	Tu	llytown, F	PA				
Completed By (Print or Type	e)	Title					S	ignature/	7 a	. 1	1.	Date			
N.Jevtic		Owner						Ho	the	. Wen	ad	01/05/20	15		
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* Do not use this form for ashestos licensure/exempted activities.

A Emergency &

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

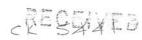
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Date of Notification (1) 1/6/15					Building (Miller Pr			(2)			CEN			4	
Agencies Notified Typ	e Notification Initial			Street Ad 22 Illino	ldress ois Ave	enue			2015	JAN	1-9 P	M 8:	64		
X DOL	Amended Amendment		_		e, Zip Co onmoutl		7758		ASS	EST	es co	MIR	คา		
DOH DCA	Emergency justification) Cancellation			Name of Dave	Contact				(Tek	phone Nu	injber	U.		
				FACIL	ITY INFO	RMAT	ON			-					-
Name of Facility Where Abate Karon Miller Private Ho		g Place (3	5)					Lamed .	of Facility (4 School (K-12		-				
Street Address 22 Illinois: Avenue								×	Subchapter Other (i.e. pretc.)	8 (Othe			dings	home	es,
City (5) Port Monmouth NJ 077	58						1		re Feet	# of	Floors		3ldg. <i>A</i> 35+	ge	
County (6) Monmouth				County C	ode (7) ISE ONLY)			Curre	ent Use (Prio	or if bei	ng demolis	shed)			
Name of Monitoring Firm Hire N/A	d by Building	Owner (8)		ASCM	No.				tement Con	tractor	(9)				
Street Address							Street PO F	Addre							
City, State, Zip Code							City, S	tate, Z	ip Code in NJ 080	91					
Project Manager for Monitorin	a Firm			Telephor	ne No		Teleph				License I	Mo			
South Peace - Contract of the Peace - Service and Contract Service	g i iiii						856-	753-9	800		00727				
Start Date (10) 1/7/15		Schedule 1/9/15	ed Cor	npletion [Date (11)		Name Sam		HA Monitor						
Occupancy Status During Aba	atement (Ched	ck Only Or	ne)	1/2			Street	Addre	SS						
Facility Closed/Vacated Abatement Performed O Other – Describe:							City, S	tate, Z	ip Code						
Scope of Work (Check All Tha	at Annly)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	αι Αρριγ)	_	Renova Demoli				×	Mi	Il Containme ni-Enclosure ovebag Proc on-Exempted	edure		•		re	
V		le	Locat	ion							***************************************		Abat	ement	t
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma Cus	Norma ed Sole iintena todial ((12)	lly ely by nce/ Staff?		tos Con therma surfa	escription taining N I system acing, VA miscellar	Materia s insul T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A							20.05	-	-		
Kitchen			-		<u> </u>		loor Til				28 SF	X	-		
Porch						F	loor Til	е		9	6 SF	x	1	_	
Name of Registered Waste H	auler		1000	JDEP W		Cubic of Wa	Yards		100000000000000000000000000000000000000		ered Landf	ill			
United Containers			1000	2459	140.	3	3315		G.R.O.\	W.S.					
City, State Elm NJ	*				×	Dispo 1/9/1	sal Date 4		City, State Morrisv		19067	3			
Completed by		Title	ident				Signature	9				Date			

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melgene	7	OTIFIC		to of New Jersey OF ASSESTOS			theor all	72 PROW)	***************************************	•
		(Pur	suant t	o NJAC 8:60 and	12:120)		NJ Dept of Hea			Serv	ices
Date of Notification (1)	5	, N		Building Owner/O	41 41 -	Inc.	11.18	ignature)	~	
Agencies Notified Type Notification		S	itreet Ad	79/1	Route	2	Date: L Coll	<u> 2</u> T	ime:	100	V
DEP Amended Amended Amendment	#	Č	ity, Stat	10MS	River	ALT	- 087	5.3	-3		
DOH justification) DCA Carealistion	3200	100	lame of	Contact 1		1	Telephone Nut	über	THE STATE OF THE S		المناور
	****			ITY INFORMATIO	ON	f Facility (1	inte	Z	Ξ.	<u> </u>
Name of Facility Where Abatement is Taking Sirved Address Street Address TH	Show		Ho	use		ichoel (K-1 Jubehapter Jiher (i.e.)	-	2) 2) al builc	lings,	D Feme	s, T
Ortley Be	ach	٨	17	08751		tc.) e Feet	# of Floors		Idn, A	0	
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Name of Monitoring Firm Hirad by Building	Owner (8)		ASCN	No.	Name of Abst		ntractor (9)	iel	,	In	
Ro. Box 3	37	-000000000			Street Address	Box	337	3		parena	
City, State, Zip Code	NJ		80	533	New	Equ	DA + AU	0	85	3	3
Project Manager for Mobil ni su-linn	Schedule	9		758-3365	Log 758	-33	a5 Lipense I	٥٠	9	4	
Start Date (10) 1-6-15		1-6	2-1		EPC	Tec	hnologies	I	nc		
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire			ent		Street Addres		337	325	. <i>k</i>		
Abatement Porformed Outside of Noπ Other – Describe;	nal Facility	Hours	.•		City, State, Zi		ALT	083	5.3	3	
Scope of Work (Check All That Apply)			-	*		O La			-		ACCUSED AND ADDRESS OF THE PARTY NAMED IN
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		Locatio					L			pe pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Dad Ma	d Solal intenar todial S (12)	וניבונו/ וניבונו	Asbestos Con . (i.e. themtal	scription of taining Material I systems insula cing, VAT, or miscollancous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
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Name of Registered Waste Hauter		I N	JDEP V	Ringto Cubic	Yards	Name o	f Registered Landf	1	Ľ.		
EPC Technologie	<u>s</u>	H	auler ID	No. of Wa			te Manage		f o	e f	A
New Egypt	NJ	Ŋ.,		1-	7-15		nisville_	PA			
Steve Schenker	Title	sid	ent		Signature Sleent	Sch	sh c		-2-	15	<u> </u>

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)			Name (of Buil	lding	Owner/Opera	tor	(2)	en 2000 en 1111				
1-6-14				Sha	aun E	Braue	9			RECEI	VE	1		
Agencies Notified	Type Notif	icatio	on	Stree	t Addre	ess								
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[]DEP	Noti	ficati	on	City,	State	, Zip	Code				11 0.	36		
[X]DOL	[]Amend						J,07006		A58	ESTES C	ANTE	ΩI		
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	[]EMERG	ENCY		_	aun E		2		relephon					
[]DCA	[]Cance	llatio	n											
					FACI	LITY I	NFORMATION							
Name of Facility Whe	ere Abateme	nt is	Taki	ng Pla	ce (3)				Type of Facili	ity (4)				
Same as above									[]School					
Street Addres									[]Subchapt [X]Other (i					
										ildings, h				
									Square Feet	# of Floo	rs B	ldg.	Age	
City (5		Cou	ınty	(6) Ess	ex		nty Code (7 ATE USE ONL		1700	2		94		
						(51.	ALE OSE ONL	11)	Current Use (Prior if be	ing de	moli	shed)
			2.11	200			[C 21			. (0)				
Name of Monitoring F Owner (8)	irm nired	py Bui	lain	g ASC	M No.				ment Contractor ANAGEMENT					
N/A										, 1110.				
Street Address							Street Add							
						01-07-			topher St	•				
City, State, Zip Cod	le						City, Stat		ip Code r, NJ 0704	12				
Project Manager for	Monitoring	Firm	N/		e Numb	er	Telephone (973)7			Ī	003		ber	
Scheduled Start Date	(10) S	ched.	Comp	letion	Date	(11)	Name of OS	HA M	Monitor					
1-15-14	3 /3/25/35		-16-				N/A							
	ear	Month		Day	Year	8								
Occupancy Status Dur [X]Facility Clos of Abatement	sed/Vacated						Street Add	ress	3					
[]Abatement Per		tside (of No	ormal 1	Facilit	ty	City, Stat	e, 2	Lip Code					
Hours - Descr []other - Descr	The state of the s				rint.									
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



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OWNER 1+1820 NEW COMPLETE AND RODITIONAL NOTIFICATION OF ASBESTOS ABATEMENT
TO COMPLETE AND RODITIONAL NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1)		Name of	Building Owner		2015	11-9	BM 8: 62					
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I DON / I		FACIL	ITY INFORMA	TION								
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Project Manager for Monitoring Firm		Telepho	ne No.		hone No.		License No.					
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Noti Teation (1) Name of Building Owner/Operator (2) January 5, 2015 Debbie Nowakoski Agencies Notified Street Address Type of Notification 64 Wentworth Road [X] EPA Initial Notification Amended Notification DEP ASBESTOS CONTROLA City, State, Zip Code Amendment #_ [x] DOL LICENSING Bedminster, NJ-07921 Emergency (including X justification) Name of Contact Telephone Number [x] DOH Cancellation Debbie Nowakoski] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 62 Archer Avenue South homes, etc.) County Code (7) # of Floors Bldg. Age City County (6) Square feet (STATE USE ONLY) 1200 sf 60 Current Use (Prior if being demolished) Bayville Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 00624 732-349-9932 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor E.M.S.L. Analytical 1/6/15 Occupancy Status During Abatement (Check only one) Street Address 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure [x]≥160 sf or ≥260 lf [x] Demolition [x]Abatement Type Description of Is Location E R R Ε Asbestos-Containing Amount Location of Normally used Ε N E N (Specify SF Asbestos-Containing Material (ACM) Solely by Material (ACM) P C C M (i.e., thermal systems or LF) Maintenance/Custodial TO BE ABATED A A L 0 insulation, surfacing, P 0 Staff in facility V VAT, or S S (13)(12)U U A other miscellaneous) R L YES NO N/A L E E 1000 sf X Asbestos siding Exterior X Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler 20223 T.R.R.F. Guardian Contracting, Inc. Disposal Date City, State City, State Toms River, New Jersey 1/9/15 Tullytown, Rennsylvania Date Completed by (Print or Type) Signature

*Do not use this form for asbestos licensure exempted activities.

Project Manager

Nicholas Fernicola

1/5/2015

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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To the state of th	JAN	9	2015	

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Occupancy Status Dur		heck only			ment:		Street Address		Enviro Route 2		ntai i	Labor	atories	S, LL	C		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60 and 12:120)

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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